PATIENT QUESTIONNAIRE

PATIENT'S NAME _____ BIRTHDATE _____ SEX _____ S M W D

INSTRUCTIONS: Put ☑ in those boxes applicable to you and in the "yes" space. If lines are provided, write in your answer. Please use additional sheets as needed to explain answers.

FAMILY HISTORY

	YOUR FATHER	YOUR MOTHER	YOUR BROTHERS	YOUR SISTERS	YOUR SPOUSE	YOUR CHILDREN
Age (if living)						
Health (G) Good (B) Bad						
Cancer						
Tuberculosis						
Diabetes						
Heart Trouble						
High Blood Pressure						
Stroke						
Epilepsy						
Nervous Breakdown						
Asthma, Hives, Hayfever						
Blood Disease						
Age (at death)						
Cause of Death						

PERSONAL HISTORY

HAVE YOU EVER HAD...	YES	HAVE YOU EVER HAD...	YES	HAVE YOU EVER HAD...	YES
❑ Scarlet Fever ❑ Scarlatina		Anemia		Any ❑ Broken Bones	
Diphtheria		Jaundice / Hepatitis		Recurrent Dislocations	
Smallpox		Epilepsy		❑ Concussion ❑ Head Injury	
Pneumonia		Migraine Headaches		Ever Been Knocked Unconscious	
Pleurisy		Tuberculosis		❑ Food ❑ Chemical ❑ Drug Poisoning	
Undulant Fever		Diabetes		Explain	
❑ Rheumatic Fever ❑ Heart Disease		Cancer			
❑ Arthritis ❑ Rheumatism		❑ High ❑ Low Blood Pressure		Any Other Disease	
Any ❑ Bone ❑ Joint Disease		Nervous Breakdown		Explain	
❑ Neuritis ❑ Neuralgia		❑ Hay Fever ❑ Asthma			
❑ Bursitis ❑ Sciatica ❑ Back Pain		❑ Hives ❑ Eczema		*At bottom of page, please*	
❑ Polio ❑ Meningitis		Frequent ❑ Colds ❑ Sore Throat		*explain "yes" answers.*	
❑ Gonorrhea ❑ Syphilis		Frequent ❑ Infections ❑ Boils		Weight: Now One Yr. Ago	
❑ Other STD		Sinus Trouble		Maximum When	

Please list all your current medical problems:

What type of work do you do?

How many people live in your household? Describe their age and how they are related to you; what they do for work:

Have you ever had a substance abuse problem? Please explain:

Do you smoke? How much alcohol do you use?

Do you have skin rashes, moles, sores or warts? Please describe:

PLEASE EXPLAIN "YES" ANSWERS BELOW

IMMUNIZATION - EKG

HAVE YOU HAD...		HAVE YOU HAD...		
Tetanus Shot (not antitoxin)	Last Date	An Electrocardiogram	When	Where

SIGNATURE: _____ DATE: _____